



CBO DISPATCH

The “B” means BUSINESS

CBO Dispatch No.: NGA 15-016

Issue Date: July 24, 2015

Medicare
Risk HMO?

16

Use Code
16!

Effective immediately, the Integrated System (IS) will allow providers to indicate when a prior payer was a Medicare Advantage Plan (also known as Medicare Risk Health Maintenance Organizations [HMO]) on their Medi-Cal claims. This applies to providers entering their claims either by Direct Data Entry (DDE) or Electronic Data Interchange (EDI).

Medicare Risk HMOs are health insurance plans that administer the beneficiary's Medicare on behalf of the federal government. When submitting Medi-Cal claims that were previously adjudicated by another payer, providers must indicate to the State whether that payer was a Medicare Risk HMO by using code 16 as the Claim Filing Indicator. DDE providers will be able to check the Medicare Risk HMO box on the Other Payer screen in the IS; EDI providers will be able to send code 16 as the Claim Filing Indicator on their 837s submitted to the IS or to the Integrated Behavioral Health Information System (IBHIS).

Please refer to [IS News Bulletin #079](#) for more detailed instructions and information.

For questions regarding the new edits and or business rules in the IS, please contact the Help Desk at (213) 351-1335.

For billing questions, please contact the Central Business Office by phone at (213) 480-3444 or by email at RevenueManagement@dmh.lacounty.gov.



DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS

